

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

COURTROOM 3 664-4913 NORFOLK

CITY OR COUNTY

COURTROOM 4 664-4914 811 E. City Hall Ave. Norfolk, Va 23510

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

11-26-13 9:00 A.M. to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

10/31/13

DATE ISSUED

[] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 25,000.00 net of any credits, with interest at 6% from date of DOS until paid,

\$ 87 costs and \$ attorney's fees with the basis of this claim being

[] Open Account [] Contract [] Note [] Other (EXPLAIN) Slander and Defamation of Character May

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] cannot be demanded

10/31/13

DATE

[] PLAINTIFF [] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CANNOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present? [] YES [] NO

DATE

JUDGE

CASE NO.

13034148

Hines, Thomasine

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

P.O. Box 7660

Richmond

VA 23203

754 Rosefield Dr

Norfolk, Va 23513

v.

Bande-Ocasio, Beatriz

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

718 Stewart St

Chesapeake Va 23324

2563

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars

11/26/13

ORDERED

12-11-13

DUE

Grounds of Defense

ORDERED

1-3-14

DUE

ATTORNEY FOR PLAINTIFF(S)

pro se

ATTORNEY FOR DEFENDANT(S)

Atty. Griffith H.

Steve C. Taylor

257

455-9590

HEARING DATE AND TIME

2-19-14

11:30

see signature agreement to c to July

7-10-14

MB131107018

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

RECEIVED 2013 OCT 31 PM 2:33

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

DEFENDANT'S EXHIBIT

1

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE	for

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<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE	for

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

DATE	<input type="checkbox"/> Plaintiff
	<input type="checkbox"/> Plaintiff's Atty.
	<input type="checkbox"/> Plaintiff's Agent

Fi. Fa. issued on

Interrogatories issued on:

Garnishment issued on

Return of Service

THOMASINE HINES vs BEATRIZ BANDE-OCASIS

Case #: 13036168

Paper Type: Warrant in Debt

Court Date: 11/26/2013



Name: BANDE-OCASIS, BEATRIZ

Address: 718 STEWART ST
Chesapeake, VA

Date Served: 11/8/2013 7:42:33 AM

Type of Service: Posted on front door or such other door
as appears to be main entrance of usual
place above, address listed above.
(Recipient not found)

Note:

MB131107018

Serving Officer: Deputy T. Mercer

For: Jim O'Sullivan, Sheriff

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

X COURTROOM 3 664-4913 NORFOLK General District Court
CITY OR COUNTY

COURTROOM 4 664-4914 811 E. City Hall Ave. Norfolk, Va. 23510
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

11/18/13 @ 9:00 A.M. to answer the Plaintiff(s)' civil claim (see below)
RETURN DATE AND TIME

9/26/13
DATE ISSUED

[] CLERK ☒ DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 25,000.00 net of any credits, with interest at 6 % from date of DOJ until paid,

\$ 75.00 costs and \$ attorney's fees with the basis of this claim being

[] Open Account [] Contract [] Note ☒ Other (EXPLAIN) Slander & Defamation of Character

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] cannot be demanded

9/26/13
DATE

☒ PLAINTIFF ☐ PLAINTIFF'S ATTORNEY ☐ PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CANNOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present? [] YES
[] NO

DATE

JUDGE

CASE NO.

Hines, Thomasine
PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Mailing Address
7511 Rosefield Dr
Norfolk, Va 23513
(757) 748-0288
V.

Bande-Ocasio, Beatriz
DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

USNS KANAWHA
(T-AO 196) (NOB)
FPO AP 09576
Secretary of Commonwealth

WARRANT IN DEBT

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Bill of Particulars
ORDERED

Grounds of Defense
ORDERED

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

JUDGMENT PAID OR SATISFIED
PURSUANT TO ATTACHED NOTICE
OF SATISFACTION.

DISABILITY ACCOMMODATIONS
for loss of hearing, vision, mobility, etc.,
contact the court ahead of time.

2013 SEP 26 2:06
NORFOLK GENERAL DISTRICT COURT CIVIL #8

RECEIVED
CLERK

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
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2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
9/26/13 DATE	<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent
Fi. Fa. issued on	
Interrogatories issued on:	
Garnishment issued on	

AFFIDAVIT FOR SERVICE OF PROCESS ON THE SECRETARY OF THE COMMONWEALTH

Commonwealth of Virginia Va. Code §§ 8.01-301, -329; 55-218.1; 57-51

Case No.

CV 13036168

Norfolk

District Court

Thomasine Hines
 7511 Rosefield Dr
 Norfolk Va 23513

v. Beatriz Bande-Ocasio
 USNS Kanawha (T-AO 196)
 FPO AP 09576 (Naval Base)

TO THE PERSON PREPARING THIS AFFIDAVIT: You must comply with the appropriate requirements listed on the back of this form.

Attachments: ☒ Warrant ☐ Motion for Judgment ☐

I, the undersigned Affiant, state under oath that:

☒ the above-named defendant ☐whose last known address is: ☒ same as above ☐

- ☒ is a non-resident of the Commonwealth of Virginia or a foreign corporation and Virginia Code § 8.01-328.1(A) applies (see NON-RESIDENCE GROUNDS REQUIREMENT on reverse).
- ☒ is a person whom the party seeking service, after exercising due diligence, has been unable to locate (see DUE DILIGENCE REQUIREMENT on reverse) and that

11-18-13 9AM

is the return date on the attached warrant, motion for judgment or notice (see TIMELY SERVICE REQUIREMENT on reverse).

9-26-13

DATE

State of

VA

[] City [] County of

Norfolk

Acknowledged, subscribed and sworn to before me this

26

day of

September

2013

NOTARY REGISTRATION NUMBER

☒ CLERK ☐ MAGISTRATE ☐ NOTARY PUBLIC (My commission expires)

[] Verification by the clerk of the court of the date of filing of the certificate of compliance requested. A self-addressed stamped envelope was provided to the clerk at the time of filing of this Affidavit.

NOTICE TO THE RECIPIENT from the Office of the Executive Secretary of the Commonwealth of Virginia

You are being served with this notice and attached pleadings under Section 8.01-329 of the Code of Virginia which designates the Secretary of the Commonwealth as statutory agent for Service of Process. The Secretary of the Commonwealth's ONLY responsibility is to mail, by certified mail, return receipt requested, the enclosed papers to you. If you have any questions concerning these documents, you may wish to seek advice from a lawyer.

SERVICE OF PROCESS IS EFFECTIVE ON THE DATE WHEN SERVICE IS MADE ON THE SECRETARY OF THE COMMONWEALTH.

CERTIFICATE OF COMPLIANCE

I, the undersigned, Clerk in the Office of the Secretary of the Commonwealth, hereby certify the following:

- On SEP 30 2013, legal service in the above-styled case was made upon the Secretary of the Commonwealth, as statutory agent for persons to be served in accordance with Section 8.01-329 of the Code of Virginia, as amended.
- On OCT 17 2013, papers described in the Affidavit and a copy of this Affidavit were forwarded by certified mail, return receipt requested, to the party designated to be served with process in the Affidavit.

SERVICE OF PROCESS CLERK, DESIGNATED BY THE AUTHORITY OF THE SECRETARY OF THE COMMONWEALTH

TIMELY SERVICE REQUIREMENT:

Service of process in actions brought on a warrant or motion for judgment pursuant to Virginia Code § 16.1-79 or § 16.1-81 shall be void and of no effect when such service of process is received by the Secretary within ten days of any return day set by the warrant. In such cases, the Secretary shall return the process or notice, the copy of the affidavit, and the prescribed fee to the plaintiff or his agent. A copy of the notice of the rejection shall be sent to the clerk of the court in which the action was filed.

NON-RESIDENCE GROUNDS REQUIREMENT:

If box number 1 is checked, insert the appropriate subsection number:

A court may exercise personal jurisdiction over a person, who acts directly or by an agent, as to a cause of action arising from the person's:

1. Transacting any business in this Commonwealth;
2. Contracting to supply services or things in this Commonwealth;
3. Causing tortious injury by an act or omission in this Commonwealth;
4. Causing tortious injury in this Commonwealth by an act or omission outside this Commonwealth if he regularly does or solicits business, or engages in any other persistent course of conduct, or derives substantial revenue from goods used or consumed or services rendered in this Commonwealth;
5. Causing injury in this Commonwealth to any person by breach of warranty expressly or impliedly made in the sale of goods outside this Commonwealth when he might reasonably have expected such person to use, consume, or be affected by the goods in this Commonwealth, provided that he also regularly does or solicits business, or engages in any other persistent course of conduct, or derives substantial revenue from goods used or consumed or services rendered in this Commonwealth;
6. Having an interest in, using, or possessing real property in this Commonwealth;
7. Contracting to insure any person, property, or risk located within the Commonwealth at the time of contracting; or
8. (ii). Having been ordered to pay spousal support or child support pursuant to an order entered by any court of competent jurisdiction in this Commonwealth having in personam jurisdiction over such person.
10. Having incurred a liability for taxes, fines, penalties, interest, or other charges to any political subdivision of the Commonwealth.

DUE DILIGENCE REQUIREMENT:

If box number 2 is checked, the following provision applies:

When the person to be served is a resident, the signature of an attorney, party or agent of the person seeking service on such affidavit shall constitute a certificate by him that process has been delivered to the sheriff or to a disinterested person as permitted by § 8.01-293 for execution and, if the sheriff or disinterested person was unable to execute such service, that the person seeking service has made a bona fide attempt to determine the actual place of abode or location of the person to be served.



DEPARTMENT OF THE NAVY

USNS KANAWHA (T-AO 196)

FPO A.E. 09576-4075

IN REPLY REFER TO:

September 13, 2013

LETTER OF CAUTION

From: Eddie Owens, Supply Officer
USNS Kanawha T-AO 196

To: YNSK Thomasine Hines
USNS Kanawha T-AO 196

Subj: Letter of caution

A On September 7th you received verbal counseling for not following the direction of your supervisor JSO Bande-Ocasio. You were directed to receive material in B storeroom vice the Supply Office. Your response was where does it say that in the P485.

B You violated Ship's Orders # 1, crewmembers shall promptly obey all legal orders received from competent authority.

On September 12th you were told by JSO Bande-Ocasio only one clip board will be used to calculate fuel on the tank deck. You used abusive language calling her a trouble maker on the tank and later that day calling her a liar.


You violated Ship's orders # 1, crewmembers shall promptly obey all legal orders received from competent authority.

You violated Ship's Orders # 29 crewmembers shall not use abusive insulting language about other personnel.

You violated Ship's Orders # 32 crewmembers shall not make false or malicious statements which harm the reputation of your superior.

Future violations of the Ship's orders could result in more severe disciplinary action brought against you.


YNSK Thomasine Hines


Supply Officer Eddie Owens



DEPARTMENT OF THE NAVY
USNS KANAWHA (T-AO 196)
FPO AP 09576-4075

IN REPLY REFER TO:

**DECLARATION UNDER PENALTY OF PERJURY
MILITARY SEALIFT COMMAND, USNS KANAWHA (T-AO 196)**

DECLARATION OF: BEATRIZ BANDE-OCASIO
(Print full name)

From Beatriz Bande-Ocasio / JSO

Reference; YNSK Hines Insubordination,

On Sept 12, 2013 at 1316 I went to the tank Deck and told YNSK Hines, YNSK Serrano, & AYNSK Samms that from now on we'll bring 1 clipboard to ullage the tanks and anybody can use the radio to communicate w/ others. YNSK Hines told me that I gave her the clipboard. I said yes I gave it to you but it does not mean you and only can write on it. She was still complaining about why can't they have 2 clipboard in the tank deck instead of doing what I asked her to do. Then she said that I set her up and walked away.

AYNSK Samms & I were by 9 port, she said that she liked working in the tank deck and she do not care who logged the fuel figure out but why does YNSK Hines always make such a big thing out of small stuff, it is so Petty. Right then Hines walked by us and Samms called Hines and she told her why you are making a big deal over nothing. Hines said that I gave her the clipboard and you are not being specific who should have it. I said that I want 1 clipboard on the tank deck and she said that I was a trouble maker.

After the UNREP was finished Suppo, Hines, & I had a discussion on what happened on the tank deck and I noticed that Hines was recording our conversation. I let the Suppo know that she is taping our conversation which she said it's for her own record. YNSK Hines also told the Suppo that I constantly tell lies about her which I think is a slander.

What I thought was an easy task to enforce became a whole lot of drama and this is very frustrating
JSO

I hereby declare under penalty of perjury under the laws of the United States of America that I have read the foregoing statement and that the information contained therein is true and correct to the best of my knowledge and belief.

Dated on USNS KANAWHA this 13 day of Sept 2013

(Day) (Month)

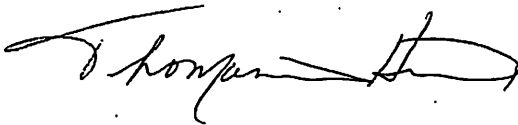
Beatriz Bande-Ocasio
Signature: Beatriz Bande-Ocasio

Position: Junior Supply Officer

★ On Sept 7, 2013 the Suppo, JSO and I, Thomasine Hines had a discussion. After several incidents were discussed the Suppo mentioned that he would write me up the next time that the JSO tells me to do something and I do not do it. I explained that the AT-6 team was still in the storeroom and I suggested that I wait until they were done so that we do not get in each others way. But that the JSO insisted that I should do my receipts "her" way, to do one 1348 and item at a time, put it away then do the next item. I asked if it was in the P485 to process the material one at a time and also that the other YNSK was also waiting for the workers to finish as not to get in the way. She told Nilo to also put the items away. I went to put the items away, then Nilo came in, he looked and so the crowd, then walked out.

Suppo asked the JSO if she asked Nilo to do the same as she asked me to do, she said yes and he did it. I stated that he did not do it right away. Suppo said that he would verify if he did or did not. I mentioned that the JSO has lied before, stating to the Suppo that I did not want to help the YNSK and the ASK after receiving material. I had told the JSO that I went to the Grey Deck but did not see them and came back to the office. She accused me of not helping and said that I should have looked for them. Later I discovered that they were taking a smoke break. I told Suppo that she has lied several times. One time in particular when she said that I told her that I did not want to go when the Sun was out because it does something to my skin. I told the Suppo that I never said any such thing and that was a bold face lie. She states it again in this conversation and I again tell the Suppo that is not true, I would never say anything about "my skin" to her, to him or anyone else (in that matter because the sun has no adverse affect on "my skin").

I am writing this statement as a witness and for signatures other witness.

 YNSK

Hines, Thomasine, civ

From: Hines, Thomasine, civ
Sent: Friday, September 13, 2013 8:36 AM
To: Owens, Edward T, Civilian
Subject: Clear Understanding
Good morning Suppo,

Unfortunately I could not sleep and the fumes from earlier really got to me.
I will see the MSO this morning as I am not feeling very well.

b I wanted to explain to you about a miscommunication:
Earlier before the first unrep for the day, the JSO gave me three sets of sheets to be filled out for each ship. At the time she handed them to me she stated that she will be "rotating us".

After the Ross was done (10Ws by Tameika) the JSO came down to get the ullages. I wrote them on the sheets for the Ross and she was writing them down on her pad. Then she came over to (9Ws by me) and said I am going to "rotate" you, I only want Nilo and Tameika on the tank deck now. I did not understand about this "rotation", she said don't you remember I said I would "rotate". So "after break" (she says this as she is going up the ladder well) I repeated, after break? Then she came back down the ladder well (I thought that because I was not leaving the tank deck as she expected me to, that she was coming back to relieve me for break. (I could not understand why she would rotate me out of my area (9Ws) in the middle of the unrep unless of course I was being relieved for break. So then it made sense to me so I left.

But later in the office, she asked me why did I leave, I said that you stated that you were rotating us, she said no, I meant for the next ship, the Normandy. I said, I guess I misunderstood you and she said "yeah and Tameika did too, that's why I didn't say anything. (What???)

I explained that I was confused, I wanted to ask and clarify, but things were already in turmoil at that time and I was told, in the past, not to ask any questions. I said so when you gave me all the sheets for all three ships... She said are we going to argue about this? I said, no, I am just trying to understand where the mix up is and try to understand her style of communication.

Also, I could not stop thinking about the conversation that you, JSO and myself had in the Meditation room, which appeared to have ended on a positive note.
When the JSO asked me what I wanted, (after you told her to write everything down)
I replied that I just wanted her to stop lying on me, she said, "Okay".
But I could not rest well, I kept wandering, (all night) if I could take her word, "okay" as "she actually would stop lying".

When we got back to the office, after leaving the meditation room I said, that's great, the JSO says she will not lie about me any more (to reiterate).
I felt as if a heavy weight had been lifted off my shoulders. So if you could, please include the response in the statement that you asked her to write down.
I would appreciate it.

Thank you,

V/r
Thomasine Hines, JNSK
Supply Department
USNS Kanawha (T-AO 196)
FPO, AE 09576-4075

9/13/2013

Just to clarify, the JSO wanted me to process the material one at a time, do the 1348, put away the item, then come back and do another one.

I asked if that is how it states in the P485 and she said that is "her" way.

I told her that the JSO is trying to write me up

I asked Tameika if she would sign a statement that she and Nilo went out to take a smoke break after I finished sending the material down the shoot. She said that she will not sign it so I asked if Suppo ask her, would she tell you, she said that she would.

are around.

He appears to be easily frustrated when I make suggestions or try to help. I was told by other co-workers that he feels threatened by me. If there is another area that I could work in to avoid the hostile behavior from my counterparts, I would appreciate it.

Thank you,


Thomasine Hines, Ask

USNS ALAN SHEPARD T-AKE 3

FPO AP 96678-4105

TEL NO: 619-533-7250 EXT 4204

FAX NO: 619-533-7249



From: Hines, Thomasine, civ
Sent: Wednesday, July 31, 2013 1:06 PM
To: Dolan, James D, CIV, CAPTAIN
Subject: Miscommunication

Good morning Captain,

I am sorry that I have to explain another situation today.

Early today I assisted one of the crewmembers from the engine dept to the locker in the forward storeroom.

I noticed that one of the locks did not lock back without the key, so I informed the JSO, maybe we can get a set so that the same key would fit. Then they can lock when they are finished. She suggested that we just wait til Suppo comes back, in the meanwhile the crewmember will have to let me know when he is done with inventory and at that time I will go back and lock it. The situation was completed.

I took care of some items in the supply office and said that I would be in the G storeroom of which I proceeded to go. Several minutes later the JSO called me and asked if I could come up to "assist". When I got up to the office I asked "whatcha need?" She replied, just hold tight and handed me the keys to the forward storeroom and said that two of the forward storerooms were open and that we were going to have a meeting also, so just hold tight. So I just waited for about ten minutes when suddenly another engineer crewmember shows up, saying, "oh, there you are, we were looking for you". He was done with the cylinder storeroom, so I went to lock it up. YNSK Nilo was observing the whole conversation between myself and the Engineer. As we left the supply office to secure the forward storeroom, he mentioned to me that YNSK Nilo Serrano had opened it up for him. At that point I thought to myself I came all the way up from the G storeroom to secure a storeroom that the other YNSK opened. But I did not let that bother me. As I was returning to the supply office I heard your call for me to come to the supply office.

JSO was coming out the office then turned back around when she saw me. (I think that she was going to get the Purser) Then she said that she had told me that we were going to have a meeting. I mentioned that she had also handed me the keys and said that the storerooms were opened. So when the engineer came looking for me, I gathered that was why I was waiting for 10 minutes, to secure the cylinder forward storeroom.

Later the JSO explained to me that she did not initially say over the phone "come to assist" but in fact, "come to office".

Apparently this miscommunication is causing a lot of confusion, confrontation, lack of clarification and hostility.

The Purser came back into the office and injected and did not hear the miscommunication part and tried to tell me what I need to do. She refused to hear me out about how I initially thought that I was needed to assist.

While I was standing by the JSO desk, "holding tight" (for 10 mins), I notice that the YNSK Nilo Serrano was completing orders. I mentioned to JSO, so he is completing orders that we have not received yet? And she replied, "yes".

This is a huge problem. Before Suppo left I was given the task of handling the RDDs. (orders that are still outstanding).

I would investigate, verify, spot check, inventory and research before completing, canceling or follow-up on these orders. As I had mentioned to you in our last conversation, this was one of the task that she told me to no longer do and gave it to the YNSK Serrano.

Unfortunately, he is not doing the extensive research, spot inventory checks and all the other crucial steps to assure that the end results are accurate.

Example:

Just Monday July 29, 2013 I notice that the YNSK had completed (received) 6 Parkas (rain gears). When I did my investigation, I did not see 6 Parkas in the location (of which he also did a location change). When I mentioned it to the JSO, she asked him about it and he replied that he did an "Admin Complete" and that was why he asked me "where did I put them". That made absolutely no sense. I could not possibly put them anywhere because they have not come in yet. It has a shipping status as early as June this year, which means that we should be getting the in the near future. He is causing a catastrophe and no one will listen to me.

To make a long story short, I feel as though the errors that are being made, I am getting the back-lash from it. Also, the JSO finally has her access to Salts, but the YNSK refuses to log on to do the same. He is the main one that should be doing the MilStrips in Salts, but I have been doing them for him.

Is there any resolve to this continued problem with miscommunication and lack of communication? I know you have more important issues, so this is just for your information. I will continue to work in the much needed attention to the G storeroom and stay away from them as much as possible.

Thank you for your time,

V/r

Thomasine Hines, YNSK

SYSTEM AUTHORIZATION ACCESS REQUEST NAVY (SAAR-N)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, Public Law 99-474, the Computer Fraud and Abuse Act; and System of Records Notice: NM0500-2 Program Management and Locator System.

PRINCIPAL PURPOSE: To record user identification for the purpose of verifying the identities of individuals requesting access to Department of Defense (DOD) systems and information.

ROUTINE USES: The collection of data is used by Navy Personnel Supervisors/Managers, Administration Office, Security Managers, Information Assurance Managers, and System Administration with a need to know.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST:



INITIAL



MODIFICATION



DEACTIVATE



USER ID

DATE (DDMMYYYY):

07Jun2013

SYSTEM NAME (Platform or Application):

ERMS

LOCATION (Physical Location of System):

MECHANICSBURG

PART I (To be completed by Requester)

1. NAME (Last, First, Middle Initial):

HINES, THOMASINE

2. ORGANIZATION:

MILITARY SEALIFT COMMAND

3. OFFICE SYMBOL/DEPARTMENT:

N23193 SUPPLY DEPARTMENT

4. PHONE (DSN and Commercial):

DSN:

COM:619-544-7171 EXT 830

5. OFFICIAL E-MAIL ADDRESS:

THOMASINE.HINES.CIV@MSC.NAVY

6. JOB TITLE AND GRADE/RANK:

YEOMAN STOREKEEPER / GS07

7. OFFICIAL MAILING ADDRESS:

USNS KANAWHA (T-AO 196)
FPO AE 09576-4075

8. CITIZENSHIP:



US



FN



LN



Other

9. DESIGNATION OF PERSON



MILITARY



CIVILIAN



CONTRACTOR

10. INFORMATION ASSURANCE (IA) AWARENESS TRAINING REQUIREMENTS (Complete as required for user or functional level access.):

☒ I have completed Annual IA Awareness Training.

DATE (DDMMYYYY):

02FEB2013

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If an individual is a contractor - provide company name, contract number, and date of contract expiration in Block 14a).

11. JUSTIFICATION FOR ACCESS:

MEMBER NEEDS TO ACCESS ERMS TO PROCESS AND TRACK ALL DLRS ONBOARD THE VESSEL AND ALSO THOSE BEING TRANSFERRED FOR OTHER NAVAL UNITS

12. TYPE OF ACCESS REQUIRED:



AUTHORIZED



PRIVILEGED

12a. If Block 12 is checked "Privileged", user must sign a Privileged Access Agreement Form.

DATE SIGNED (DDMMYYYY):

13. USER REQUIRES ACCESS TO:



UNCLASSIFIED



CLASSIFIED (Specify Category):



OTHER:

14. VERIFICATION OF NEED TO KNOW:

I certify that this user requires access as requested. ☒

14a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date):

6 April 2015

15. SUPERVISOR'S ORGANIZATION/DEPARTMENT:

15a. SUPERVISOR'S E-MAIL ADDRESS:

15b. PHONE NUMBER:

16. SUPERVISOR'S NAME (Print Name):

16a. SUPERVISOR'S SIGNATURE

16b. DATE (DDMMYYYY):

17. SIGNATURE OF INFORMATION OWNER/OPR:

17a. PHONE NUMBER:

17b. DATE (DDMMYYYY):

18. SIGNATURE OF IAM OR APPOINTEE:

19. ORGANIZATION/DEPARTMENT:

20. PHONE NUMBER:

21. DATE (DDMMYYYY):

FOR OFFICIAL USE ONLY WHEN FILLED

(Block 22 Cont)

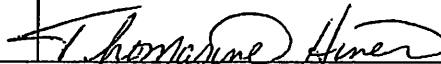
I further understand that, when using Navy IT resources, I shall not:

- Auto-forward any e-mail from a Navy account to commercial e-mail account (e.g., .com).
- Bypass, stress, or test IA or Computer Network Defense (CND) mechanisms (e.g., Firewalls, Content Filters, Proxy Servers, Anti-Virus Programs).
- Introduce or use unauthorized software, firmware, or hardware on any Navy IT resource.
- Relocate or change equipment or the network connectivity of equipment without authorization from the Local IA Authority (i.e., person responsible for the overall implementation of IA at the command level).
- Use personally owned hardware, software, shareware, or public domain software without written authorization from the Local IA Authority.
- Upload/download executable files (e.g., .exe, .com, .vbs, or .bat) onto Navy IT resources without the written approval of the Local IA Authority.
- Participate in or contribute to any activity resulting in a disruption or denial of service.
- Write, code, compile, store, transmit, transfer, or introduce malicious software, programs, or code.
- Use Navy IT resources in a way that would reflect adversely on the Navy. Such uses include pornography, chain letters, unofficial advertising, soliciting or selling except on authorized bulletin boards established for such use, violation of statute or regulation, inappropriately handled classified information and PII, and other uses that are incompatible with public service.
- Place data onto Navy IT resources possessing insufficient security controls to protect that data at the required classification (e.g., Secret onto Unclassified).

23. NAME (Last, First, Middle Initial):

HINES, THOMASINE

24. USER SIGNATURE:



25. DATE SIGNED (DDMMYYYY):

08Jun2013

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

26. TYPE OF INVESTIGATION:

26a. DATE OF INVESTIGATION (DDMMYYYY):

26b. CLEARANCE LEVEL:

26c. IT LEVEL DESIGNATION

☐ LEVEL I

 ☐ LEVEL II

 ☐ LEVEL III

27. VERIFIED BY (Print name):

28. SECURITY MANAGER
TELEPHONE NUMBER:

29. SECURITY MANAGER SIGNATURE:

30. DATE (DDMMYYYY):

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

31. TITLE:

31a. SYSTEM:

31b. ACCOUNT CODE:

31c. DOMAIN:

31d. SERVER:

31e. APPLICATION:

31h. DATASETS:

31f. DIRECTORIES:

31g. FILES:

32. DATE PROCESSED (DDMMYYYY):

32a. PROCESSED BY:

32b. DATE (DDMMYYYY):

33. DATE REVALIDATED (DDMMYYYY):

33a. REVALIDATED BY:

33b. DATE (DDMMYYYY):

FOR OFFICIAL USE ONLY WHEN FILLED

22. USER AGREEMENT - STANDARD MANDATORY NOTICE AND CONSENT PROVISION:

By signing this document, you acknowledge and consent that when you access Department of Defense (DoD) information systems:

- You are accessing a U.S. Government (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government-authorized use only.
- You consent to the following conditions:
 - o The U.S. Government routinely intercepts and monitors communications on this information system for purposes including, but not limited to, penetration testing, communications security, (COMSEC) monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE) and counterintelligence (CI) investigations.
 - o At any time, the U.S. Government may inspect and seize data stored on this information system.
 - o Communications using, or data stored on, this information system are not private, are subject to routine monitoring, interception and search, and may be disclosed or used for any U.S. Government-authorized purpose.
 - o This information system includes security measures (e.g., authentication and access controls) to protect U.S. Government interests—not for your personal benefit or privacy.
 - o Notwithstanding the above, using an information system does not constitute consent to personnel misconduct, law enforcement, or counterintelligence investigative searching or monitoring of the content of privileged communications or data (including work product) that are related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Under these circumstances, such communications and work product are private and confidential, as further explained below:
 - Nothing in this User Agreement shall be interpreted to limit the user's consent to, or in any other way restrict or affect, any U.S. Government actions for purposes of network administration, operation, protection, or defense, or for communications security. This includes all communications and data on an information system, regardless of any applicable privilege or confidentiality.
 - The user consents to interception/capture and seizure of ALL communications and data for any authorized purpose (including personnel misconduct, law enforcement, or counterintelligence investigation). However, consent to interception/capture or seizure of communications and data is not consent to the use of privileged communications or data for personnel misconduct, law enforcement, or counterintelligence investigation against any party and does not negate any applicable privilege or confidentiality that otherwise applies.
 - Whether any particular communication or data qualifies for the protection of a privilege, or is covered by a duty of confidentiality, is determined in accordance with established legal standards and DoD policy. Users are strongly encouraged to seek personal legal counsel on such matters prior to using an information system if the user intends to rely on the protections of a privilege or confidentiality.
 - Users should take reasonable steps to identify such communications or data that the user asserts are protected by any such privilege or confidentiality. However, the user's identification or assertion of a privilege or confidentiality is not sufficient to create such protection where none exists under established legal standards and DoD policy.
 - A user's failure to take reasonable steps to identify such communications or data as privileged or confidential does not waive the privilege or confidentiality if such protections otherwise exist under established legal standards and DoD policy. However, in such cases the U.S. Government is authorized to take reasonable actions to identify such communication or data as being subject to a privilege or confidentiality, and such actions do not negate any applicable privilege or confidentiality.
 - These conditions preserve the confidentiality of the communication or data, and the legal protections regarding the use and disclosure of privileged information, and thus such communications and data are private and confidential. Further, the U.S. Government shall take all reasonable measures to protect the content of captured/seized privileged communications and data to ensure they are appropriately protected.
 - o In cases when the user has consented to content searching or monitoring of communications or data for personnel misconduct, law enforcement, or counterintelligence investigative searching, (i.e., for all communications and data other than privileged communications or data that are related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants), the U.S. Government may, solely at its discretion and in accordance with DoD policy, elect to apply a privilege or other restriction on the U.S. Government's otherwise-authorized use or disclosure of such information.
 - o All of the above conditions apply regardless of whether the access or use of an information system includes the display of a Notice and Consent Banner ("banner"). When a banner is used, the banner functions to remind the user of the conditions that are set forth in this User Agreement, regardless of whether the banner describes these conditions in full detail or provides a summary of such conditions, and regardless of whether the banner expressly references this User Agreement.

USER RESPONSIBILITIES:

I understand that to ensure the confidentiality, integrity, availability, and security of Navy Information Technology (IT) resources and information, when using those resources, I shall:

- Safeguard information and information systems from unauthorized or inadvertent modification, disclosure, destruction, or misuse.
- Protect Controlled Unclassified Information (CUI), to include Personally Identifiable Information (PII), and classified information to prevent unauthorized access, compromise, tampering, or exploitation of the information.
- Protect authenticators (e.g., Password and Personal Identification Numbers (PIN)) required for logon authentication at the same classification as the highest classification of the information accessed.
- Protect authentication tokens (e.g., Common Access Card (CAC), Alternate Logon Token (ALT), Personal Identity Verification (PIV), National Security Systems (NSS) tokens, etc.) at all times. Authentication tokens shall not be left unattended at any time unless properly secured.
- Virus-check all information, programs, and other files prior to uploading onto any Navy IT resource.
- Report all security incidents including PII breaches immediately in accordance with applicable procedures.
- Access only that data, control information, software, hardware, and firmware for which I am authorized access by the cognizant Department of the Navy (DON) Commanding Officer, and have a need-to-know, have the appropriate security clearance. Assume only those roles and privileges for which I am authorized.
- Observe all policies and procedures governing the secure operation and authorized use of a Navy information system.
- Digitally sign and encrypt e-mail in accordance with current policies.
- Employ sound operations security measures in accordance with DOD, DON, service and command directives.

To: tracy.bailey@aisg.com
Cc: ANTHONY.GILLIAM@AISG.COM; JOHN.GEHLICH@AISG.COM;
thomas.beck@aisg.com; KEVIN.WHITE@AISG.COM; JOHN.LINGARD@AISG.COM;
Johnson, Nedra J CIV MSFSC, N153; Kaniewski, Mark, A MSC N46
Subject: ROSTER_CLF_ 7.15.13

Hello Tracy,

There is only one person confirmed for CLF 15-19Jul13 located in Norfolk, VA. There may be a few "walk ins" next week from the east pool. Please let me know if there is anything else you require from me. I will be furloughed on Monday, 15Jul13 so please send any urgent request or information to MSC_CIVMAR_TRNG@NAVY.MIL. Take care and have a great weekend!

Student:

LSC Scott Reighard- N46

Respectfully,

Tamela Sims-Tripp
Military Sealift Command
Supply & Communications Training Specialist
CIVMAR Training Administration Division
Norfolk, VA 23511
tamela.sims-tripp@navy.mil
757.443.5939(phone)
757.443.5981(fax)

"Take courage and live wisely by looking your disadvantages in the face to see what can be done with them"

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties Please forward approved training request and inquiries to: MSFSC_CIVMAR_TRNG@navy.mil. Please contact the Customer Service Call Center at 1-800-793-5784/757-217-1930 or email civmar@marinersupport.com. Fax also available at 757-217-0201. Questions not responded to within 48 hours are automatically raised to the next

-----Original Message-----

From: Wiggins, William E CIV MSCHQ, N00H
[mailto:william.e.wiggins1@navy.mil]

		MILITARY SEALIFT COMMAND SUPPLY/FOOD SERVICE TRAINING COURSE SCHEDULE FY 2013			
NUMBER	DATES	TITLE	INSTRUCTOR/S	LOCATION	# DAYS
13-1	10/1-10/5	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-2	10/1-10/19	STOREKEEPER BASIC	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	15
13-3	10/1-10/5	INTRO TO FOOD SERVICE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-4	*10/9-11/2	FOOD SERVICE MANAGEMENT	INSTRUCTOR TBD - FY13	NORFOLK, VA	20
13-5	*10/9-10/19	BASIC CULINARY COURSE	INSTRUCTOR TBD - FY13	NORFOLK, VA	10
13-6	*10/22-11/16	SUPPLY/CONFIGURATION MANAGEMENT	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	20
13-7	10/22-11/2	ADVANCED CULINARY COURSE	INSTRUCTOR TBD - FY13	NORFOLK, VA	10
13-8	11/5-11/9	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-9	*11/13-11/16	HAZMAT	INSTRUCTOR TBD - FY13	NORFOLK, VA	4
13-10	11/27-12/6	SHIPCLIP 4.4	INSTRUCTOR TBD - FY13	NORFOLK, VA	8
13-11	12/3-12/7	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	5
13-12	12/10-12/14	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-13	1/7-1/11	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	5
13-14	1/7-1/11	INTRO TO FOOD SERVICE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-15	1/14-1/18	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	5
13-16	*1/14-1/25	BASIC CULINARY COURSE	INSTRUCTOR TBD - FY13	NORFOLK, VA	10
13-17	*1/22-2/15	FOOD SERVICE MANAGEMENT	INSTRUCTOR TBD - FY13	NORFOLK, VA	20
13-18	*1/22-2/15	SUPPLY/CONFIGURATION MANAGEMENT	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	20
13-19	1/28-2/8	BAKING COURSE	INSTRUCTOR TBD - FY13	NORFOLK, VA	10
13-20	*2/19-3/8	STOREKEEPER BASIC	INSTRUCTOR TBD - FY13	NORFOLK, VA	15
13-21	*2/19-2/22	HAZMAT	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	4
13-22	2/25-3/1	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	5
13-23	3/5-3/14	SHIPCLIP 4.4	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	8
13-24	3/18-3/22	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-25	3/25-3/29	INTRO TO FOOD SERVICE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-26	4/1-4/12	BASIC CULINARY COURSE	INSTRUCTOR TBD - FY13	NORFOLK, VA	10
13-27	4/8-4/12	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-28	4/8-5/3	FOOD SERVICE MANAGEMENT	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	20
13-29	4/15-4/26	ADVANCED CULINARY COURSE	INSTRUCTOR TBD - FY13	NORFOLK, VA	10
13-30	4/29-5/17	STOREKEEPER BASIC	INSTRUCTOR TBD - FY13	NORFOLK, VA	15
13-31	5/7-5/16	SHIPCLIP 4.4	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	8
13-32	5/20-5/25	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	5
13-33	*5/20-6/14	SUPPLY/CONFIGURATION MANAGEMENT	INSTRUCTOR TBD - FY13	NORFOLK, VA	20
13-34	6/10-6/14	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	5
13-35	6/17-6/21	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-36	6/24-6/27	HAZMAT	INSTRUCTOR TBD - FY13	NORFOLK, VA	4
13-37	*7/1-7/19	STOREKEEPER BASIC	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	15
13-38	*7/1-7/5	INTRO TO FOOD SERVICE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-39	7/8-7/19	BASIC CULINARY COURSE	INSTRUCTOR TBD - FY13	NORFOLK, VA	10
13-40	7/15-7/19	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
13-41	7/22-8/16	FOOD SERVICE MANAGEMENT	INSTRUCTOR TBD - FY13	NORFOLK, VA	20
13-42	7/22-8/16	SUPPLY/CONFIGURATION MANAGEMENT	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	20
13-43	7/22-8/2	BAKING COURSE	INSTRUCTOR TBD - FY13	NORFOLK, VA	10
13-44	8/26-8/29	HAZMAT	INSTRUCTOR TBD - FY13	NORFOLK, VA	4
13-45	8/26-8/30	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	5
13-46	*9/3-9/6	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	SAN DIEGO, CA	5
13-47	*9/3-9/12	SHIPCLIP 4.4	INSTRUCTOR TBD - FY13	NORFOLK, VA	8
13-48	9/16-9/20	COMBAT LOGISTIC FORCE (CLF) MODULE	INSTRUCTOR TBD - FY13	NORFOLK, VA	5
Submit Training Requests to: MSFSC_CIVMAR_TRNG@NAVY.MIL			Approved by Gus Eady 29 JUNE 2012		
SUPPLY COURSES NORFOLK (BLACK) SUPPLY COURSES SAN DIEGO (GREEN) FOOD SERVICES COURSES (BLUE) * INDICATES HOLIDAY (Red date Indicates first day is the Holiday)					
DAYS OF SUPPLY/NORFOLK - 178 DAYS SUPPLY/SAN DIEGO - 170 TOTAL DAYS SUPPLY - 348 TOTAL DAYS CULINARY - 100					

-----Original Message-----

From: Hines, Thomasine, civ
Sent: Sunday, July 14, 2013 5:22 PM
To: Dolan, James D, CIV, CAPTAIN
Cc: Owens, Edward T, Civilian; Bande-Ocasio, Beatriz B, Civ
Subject: FW: CLF Module Course 15-19 Jul 13 (Norva)

Good morning Captain,

Please refer to the below email. I have expressed my interest in attending this class. Could you let me know if there is any reason that I can not attend. I am currently working CLF in the Supply department and not yet had the opportunity to get classroom training, which is essential at this time.

I have been ship to ship to ship with no leave break in between. Unfortunately when I requested a one week leave, while in the ship yard, I was told that I could not take it because I had just arrived on the Kanawha in May. Also due to YNSK Mike Burley anticipated relief and the JSO going on leave, my request was compromised down from one week to 3 days leave.

Now that the JSO is back and another YNSK is secured in YNSK position, I am again asking for one week, this time to attend class although I am not sure that it necessary for me to take leave to attend the class, just permission to do so.

Please advise at your earliest convenience.

Thank you,
V/r

Thomasine Hines, YNSK
Supply Dept
USNS KANAWHA

Request for Leave or Approved Absence

1. Name (Last, first, middle) <i>Hines, Thomasine</i>			2. Employee or Social Security Number (Enter only the last 4 digits of the Social Security Number (SSN)) <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>		
3. Organization <i>USNS Kanawha</i>					
4. Type of Leave/Absence (Check appropriate box(es) below)	Date	From	To	Time	Total Hours
<input type="checkbox"/> Accrued Annual Leave		<i>15 Jul 13</i>	<i>19 Jul 13</i>	<i>06:30</i>	<i>15:00</i>
<input type="checkbox"/> Restored Annual Leave					
<input type="checkbox"/> Advanced Annual Leave					
<input type="checkbox"/> Accrued Sick Leave					
<input type="checkbox"/> Advanced Sick Leave					
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other					
<input type="checkbox"/> Compensatory Time Off					
<input type="checkbox"/> Other Paid Absence (Specify in Remarks)					
<input type="checkbox"/> Leave Without Pay					
5. Family and Medical Leave If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: <input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious health condition of spouse, son, daughter, or parent <input type="checkbox"/> Serious health condition of self Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act. Medical certification of a serious health condition may be required by your agency.					
6. Remarks: <i>TO ATTEND CLF 5 Day Course</i>					
7. Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.					
7a. Employee Signature <i>Thomasine Hines</i>				7b. Date <i>13 July 2013</i>	
8a. Official Action on Request: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)					
8b. Reason for Disapproval: <i>NEEDED ALL PERSONNEL FOR SHIPYARD WORK. WILL DISCUSS THIS MATTER AFTER THE SHIPYARD PERIOD.</i>					
8c. Supervisor Signature <i>Beatriz Bonde-Ocasio</i>				8d. Date <i>14 July 2013</i>	

PRIVACY ACT STATEMENT

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Request for Leave or Approved Absence

1. Name (last, first, middle) <i>Hines, Thomasine</i>		2. Employee or Social Security Number (Enter only the last 4 digits of the Social Security Number (SSN)) <div style="background-color: black; width: 100px; height: 20px;"></div>	
3. Organization <i>MSC USNS Kanawha</i>			
4. Type of Leave/Absence (Check appropriate box(es) below)	Date From To	Time From To	Total Hours
<input type="checkbox"/> Accrued Annual Leave	<i>18</i>		
<input type="checkbox"/> Restored Annual Leave	<i>17 Jul 13 24 Jul 13</i>	<i>06:30 15:00</i>	<i>40</i>
<input type="checkbox"/> Advanced Annual Leave			
<input type="checkbox"/> Accrued Sick Leave			
<input type="checkbox"/> Advanced Sick Leave			
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other			
<input type="checkbox"/> Compensatory Time Off			
<input type="checkbox"/> Other Paid Absence (Specify in Remarks)			
<input type="checkbox"/> Leave Without Pay			
5. Family and Medical Leave If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: <input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious health condition of spouse, son, daughter, or parent <input type="checkbox"/> Serious health condition of self Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act. Medical certification of a serious health condition may be required by your agency.			
6. Remarks: <i>cell #</i> <div style="background-color: black; width: 150px; height: 20px;"></div>			
7. Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.			
7a. Employee Signature <div style="font-family: cursive; font-size: 1.2em;">TH</div>		7b. Date <i>16 July 2013</i>	
8a. Official Action on Request: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved		(If disapproved, give reason. If annual leave, initiate action to reschedule.)	
8b. Reason for Disapproval: <i>NOT THIS WEEK DUE SHIPYARD OBLIGATIONS.</i>			
8c. Supervisor Signature		8d. Date	

PRIVACY ACT STATEMENT

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office, regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle) <i>HINES Thomasine</i>			2. Social Security Number [REDACTED]	
3. Date of birth Mo. Day Yr. [REDACTED]	4. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	5. Home telephone [REDACTED]	6. Grade as of date of injury Level <input type="checkbox"/> Step <input type="checkbox"/>	
7. Employee's home mailing address (include street address, city, state, and ZIP code) <i>2513 Melbourne St</i> City <i>Richmond</i> State <i>æVa</i> ZIP Code <i>23223</i>			8. Dependents Wife, Husband Children under 18 years Other	

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine) <i>Exhaust fumes were coming thru vent on main deck</i>			
10. Date injury occurred Mo. Day Yr. <i>9/12/13</i>	Time <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr. <i>9/19/13</i>	12. Employee's occupation <i>YN5K</i>
13. Cause of injury (Describe what happened and why) <i>Exposure to Exhaust fumes, sought medical attention, meds given, B/P rose then Report TMSD Diagnose Stress although my initial concern was exposure to fumes</i>			

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)

<i>I have suffered from High Blood Pressure due to exposure to fumes & stress</i>	a. Occupation code [REDACTED]	
	b. Type code [REDACTED]	c. Source code [REDACTED]
	OWCP Use - NOI Code [REDACTED]	

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- ☒ a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- ☐ b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf *Thomasine Hines* Date *9/19/13*

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

[REDACTED]			
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Name of witness [REDACTED]	Signature of witness [REDACTED]	Date signed [REDACTED]	
Address [REDACTED]	City [REDACTED]	State <i>æ</i>	ZIP Code [REDACTED]

Official Supervisor's Report: Please complete information requested below.

Supervisor's Report

17. Agency name and address of reporting office (include street address, city, state, and ZIP code)		OWCP Agency Code	
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>	
<div style="border: 1px solid black; height: 20px;"></div>		OSHA Site Code	
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>	
City	State	ZIP Code	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
18. Employee's duty station (include street address, city, state, and ZIP code)		City	State
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
19. Employee's retirement coverage			
<div style="display: flex; justify-content: space-between;"> CSRS FERS Other, (Identify) </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
20. Regular work hours		21. Regular work schedule	
From: <div style="border: 1px solid black; width: 40px; height: 20px;"></div> a.m. To: <div style="border: 1px solid black; width: 40px; height: 20px;"></div> a.m. <div style="border: 1px solid black; width: 40px; height: 20px;"></div> p.m. <div style="border: 1px solid black; width: 40px; height: 20px;"></div> p.m.		Sun. Mon. Tues. Wed. Thurs. Fri. Sat. <div style="border: 1px solid black; height: 20px;"></div>	
22. Date of Injury	23. Date notice received	24. Date stopped work	
Mo. Day Yr. <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Mo. Day Yr. <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Mo. Day Yr. <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div> a.m. / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> p.m.
25. Date pay stopped	26. Date 45 day period began	27. Date returned to work	
Mo. Day Yr. <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Mo. Day Yr. <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Mo. Day Yr. <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Time: <div style="border: 1px solid black; width: 40px; height: 20px;"></div> a.m. / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> p.m.
28. Was employee injured in performance of duty? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)			
<div style="border: 1px solid black; height: 20px;"></div>			
29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? <input type="checkbox"/> Yes (If "Yes," explain) <input type="checkbox"/> No			
<div style="border: 1px solid black; height: 20px;"></div>			
30. Was injury caused by third party? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to item 32.)		31. Name and address of third party (include street address, city, state, and ZIP code)	
		<div style="border: 1px solid black; height: 20px;"></div>	
		<div style="border: 1px solid black; height: 20px;"></div>	
		City	State
		<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
32. Name and address of physician first providing medical care (include street address, city, state, ZIP code)		33. First date medical care received	
<div style="border: 1px solid black; height: 20px;"></div>		Mo. Day Yr. <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	
<div style="border: 1px solid black; height: 20px;"></div>			
City	State	ZIP Code	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)			
<div style="border: 1px solid black; height: 20px;"></div>			
36. If the employing agency controverts continuation of pay, state the reason in detail.		37. Pay rate when employee stopped work	
<div style="border: 1px solid black; height: 20px;"></div>		\$ <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Per <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	

Signature of Supervisor and Filing Instructions

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print)

Signature of supervisor

Date

Supervisor's Title

Office phone

39. Filing instructions

- ☐ No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
- ☐ No lost time, medical expense incurred or expected: forward this form to OWCP
- ☐ Lost time covered by leave, LWOP, or COP: forward this form to OWCP
- ☐ First Aid Injury



CIVMAR

First Name | Thomasine

MI	
----	--

Last Four SSN

thru 09/14/2013

110

 Detachment

Periodic

Special

See page 3.

Collateral Duties

See page 4.

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☐ Exceptional

☐ Outstanding

Ⓒ Excellent

 Good

☐ Unsatisfactory

3.0

○ Early

☐ Yes

☐ No

☐ Not Applicable

Discussed

☐ Absent

YNSK Hines displays excellent initiative to complete assigned task. Her primary job was sharing the OPTAR duties requisitioning material, downloading & exporting status, processing DLR's via ERMS, issuing & stowing material, and inventory management. Ms. Hines can navigate through SHIPCLIP to accomplish her assigned task but she needs additional training in the CLF module & ERMS. She has difficulty following direction consistently questioning authority. Ms. Hines is very productive by herself but doesn't work well with others.

Evaluator - First Name

Finalize (Sign and Lock)

Edward

Evaluator Signature

OWENS.EDWARD.T.1 • Digitally signed by OWENS.EDWARD.T.1228798580
DN: cn=U.S. on U.S. Government, ou=Dod, ou=PKI,
ou=USIA, cn=OWENS.EDWARD.T.1228798580
Date: 2013.09.14 03:28:09 Z

Last Four SSN

Submitter Signature

CIVMAR Evaluation

823 - YEOMAN-STOREKEEPER (ALL)

Ship Employment

Check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2nd/3rd/4th Fleet log support | <input type="checkbox"/> Towing operations |
| <input checked="" type="checkbox"/> 5th/6th/7th Fleet deployment | <input type="checkbox"/> Training support (VBSS, DLQS, SQTS) |
| <input type="checkbox"/> Cable/ROV operations/Dynamic Interface | <input type="checkbox"/> USCG/ABS inspection |
| <input type="checkbox"/> Drydocking/major machinery work | <input checked="" type="checkbox"/> VR period |
| <input type="checkbox"/> ESTAV | |
| <input type="checkbox"/> Fleet quals & certs (vsl fam, FCT, ATT, own ship-SQTS, etc.) | |
| <input type="checkbox"/> Forward Homeported | |
| <input type="checkbox"/> HA/DR | |
| <input type="checkbox"/> Major ammo up/downloads | |
| <input type="checkbox"/> "MajorEX" - (rimpac, reforger, fleetex, readiex, comptuex, cobra gold, team spirit, etc.) | |
| <input type="checkbox"/> New Construction-Transfer-Re/deactivation | |
| <input type="checkbox"/> Overhaul | |
| <input type="checkbox"/> PAO support (Discovery Channel, History Channel, Naval Media) | |
| <input type="checkbox"/> ROS | |
| <input type="checkbox"/> Salvage/diving operations | |
| <input type="checkbox"/> SMART/INSURV/AV CERT/COSR Inspection | |
| <input checked="" type="checkbox"/> Tank cleaning | |

CIVMAR Evaluation

823 - YEOMAN-STOREKEEPER (ALL)

Collateral Duties

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Afloat Environmental Protection Coordinator | <input type="checkbox"/> Information Systems Security Officer |
| <input type="checkbox"/> Anti-Terrorism Officer | <input type="checkbox"/> Lay Reader (Voluntary) |
| <input type="checkbox"/> Assistant Safety Officer | <input type="checkbox"/> Lifeboat and Assistant Training Officer |
| <input type="checkbox"/> Authorizing Engineer | <input type="checkbox"/> Local Area Network Administrator |
| <input type="checkbox"/> Cash Verification Board | <input type="checkbox"/> Lockout/Tagout Authorizing Officer |
| <input type="checkbox"/> Chemical, Biological, and Radiological Officer | <input type="checkbox"/> Mail Orderly-DD Form 285 |
| <input type="checkbox"/> Civilian Employee Assistance Program Contact and Referral Counselor | <input type="checkbox"/> Medical Department Representative |
| <input type="checkbox"/> Classified Materials Officer | <input type="checkbox"/> Movie Officer |
| <input type="checkbox"/> Collection Site Coordinator | <input type="checkbox"/> Operational Security Officer |
| <input type="checkbox"/> Controlled Substances Inventory Board (3 Officers) | <input type="checkbox"/> Public Affairs Officer |
| <input type="checkbox"/> Damage Control Officer | <input type="checkbox"/> Physical Security Officer |
| <input type="checkbox"/> Disinterested Inventory Officer | <input type="checkbox"/> Respiratory Protection Officer |
| <input type="checkbox"/> Electrical Safety Officer | <input type="checkbox"/> Safety Officer |
| <input type="checkbox"/> Electronic Key Management System (EKMS) Primary Holder | <input type="checkbox"/> Search and Rescue (SAR) Officer |
| <input type="checkbox"/> Electronic Key Management System (EKMS) Alternate Holders | <input type="checkbox"/> Shipboard Gas Free Engineer |
| <input type="checkbox"/> Environmental Protection (EP) Coordinator | <input type="checkbox"/> Ship's Training Officer |
| <input type="checkbox"/> Equal Employment Opportunity Counselor | <input type="checkbox"/> Special Services Officer |
| <input type="checkbox"/> Exchange Location Operator (Voluntary) | <input type="checkbox"/> Supply Officer |
| <input type="checkbox"/> Food Sanitation Officer | <input type="checkbox"/> Surface Rescue Swimmer |
| <input type="checkbox"/> Hazardous Materials Coordinator | <input type="checkbox"/> Weapons Control Officer |

CIVMAR Evaluation

823 - YEOMAN-STOREKEEPER (ALL)

Technical Skill Attributes

		Total 2.50
Rating	Skill Attribute	
2	Department Management. (*ID refers to Independent Duty Storekeeper on T-ARS, T-ATF, and T-AH-ROS Vessels) (1.0) Effective Management of Supply Operations. (*ID) (1.1) Understands and applies proper Supply Policies and Procedures. (1.2) Knowledge of ISM/SMS policy and procedures. (1.3) Oversees administration of Supply Automation Systems. (*ID) (1.4) Coordinates and communicates with MSFSC as needed. (*ID) (1.5)	
4	Material Management. (2.0) Requisitions and procures material, including standard MILSTRIP, ANORS/CASREP, and non-standard requirements. (2.1) Conducts status updates, follow-ups, Material Obligation Validations (MOV). (2.2) Maintains required Material Expenditure Files including shipments/transfers, surveys of material. (2.3) Processes material off-loads of excess material to authorized shore activity DRMO/RRAMS site as appropriate. (2.4) Maintains positive control (receipt/issue) of MTR/DLR material. (2.5) Follows proper issue, receipt, stowage, inventory and accountability procedures for COSAL Material, Consumables, Equipage and DTO Material. (2.6) Properly prepares material documentation (i.e., DD1149, DD1348-1, DD1250-1, DD2276/2277, DD1155) in accordance with NAVSUP P-485 and COMSC 4000.2B. (2.7) Conducts sourcing and availability queries with commercial vendors, DOD Supply System and service providers. (2.8) Reviews "Not Carried/Not in Stock" customer demands, SIM data, monthly SEAS reports and makes recommendations to update allowances. (2.9) Maintains storeroom security, cleanliness and safety. (2.10)	
2	Transportation. (*ID refers to Independent Duty Storekeeper on T-ARS, T-ATF, and T-AH-ROS Vessels) (3.0) Knowledgeable in DOD and Commercial transportation methods. (3.1) Coordinates shipments/transportation of materials. (*ID) (3.2) Tracks material in-transit effectively. (*ID) (3.3)	
3	Supply Automation Systems. (4.0) Properly utilizes Supply web-enabled/automated programs to initiate and track requirements (i.e., One Touch, DESEX, SALTS, LCAV, PMO/ISIS). (4.1) Understands and has working knowledge of automated supply management systems (SM, ShipCLIP, MFCS-RA, and SUADPS). (4.2) Performs technical edit and material identification utilizing research tools including Haystack, technical manuals, publications, and on-line services. (4.3)	
2	Budget (OPTAR) Duties. (*ID refers to Independent Duty Storekeeper on T-ARS, T-ATF, and T-AH-ROS Vessels) (5.0) Manages material support operations within financial/budget (OPTAR) limits established. (*ID) (5.1) Submits required reports to MSFSC. (*ID) (5.2) Performs general OPTAR duties including price adjustments, grants, change of unit price, etc. (5.3) Properly utilizes micro-purchase procedures (Government Purchase Card/GPC) to procure material and services under \$3000. (5.4) Has knowledge of and makes proper use of accounting data and fund codes. (5.5)	

CIVMAR Evaluation

823 - YEOMAN-STOREKEEPER (ALL)

Technical Skill Attributes

Rating	Skill Attribute
2	Aviation Pack-up Kit (PUK)/Electronic Retrograde Management System (eRMS) duties. (6.0) Assists in receipts, issues, inventory and maintaining (PUK) material for USN embarked helicopters (T-AFS, T-AE, T-AOE, and T-AKE). (6.1) Processes End Use MTR/DLR, PUK, and Fleet Retrograde material turn-ins through eRMS. (6.2)
2	CLF Load Duties (CLF vessels). (7.0) Follows proper issue, receipt, stowage, inventory and accountability of Cargo Load Material. (7.1) Performs MFCS-RA transactions/functions to account for Cargo Fuel/Cargo Load Material. (7.2) Performs Quality Assurance (QA) and inventory/location validations as directed/required. Pertains to End Use and/or Cargo Load Material. (7.3) Performs Shelf-Life maintenance actions as directed/required. (7.4) Maintains Cargo Load Material Storeroom security, cleanliness and safety. (7.5)
3	Hazardous Materials Duties. (8.0) Properly receipts, issues, stows and inventories Hazardous Material (HM). (8.1) Properly handles Hazardous Waste (HW) material as directed. (8.2) Knowledge and use of Material Safety Data Sheets (MSDS). (8.3)
2	Configuration Management Duties. (*ID refers to Independent Duty Storekeeper on T-ARS, T-ATF, and T-AH-ROS Vessels) (9.0) Assists Chief Engineer in Configuration management functions. (*ID) (9.1) Validates equipment and processes Fleet COSAL Feedback Reports (FCFBR). (9.2) Processes Configuration Change Requests (CCR). (9.3) Processes Allowance Change Requests (ACR). (9.4) Works closely with Logistics Type Desk (LTD) related to shipyard overhaul periods. (*ID) (9.5) Works closely with onsite Logistics Support Representative (CACI) during overhaul periods related to GFM and Configuration updates. (*ID) (9.6)
3	Cargo Fuel Accounts (T-AOE, T-AO, and T-AKE) vessels. (10.0) Performs tank gauging and fuel sampling to include product temperatures and water cuts. (10.1) Operates fuel lab testing equipment. (10.2)

CIVMAR Evaluation

823 - YEOMAN-STOREKEEPER (ALL)

Organizational Skill Attributes

		Total 2.67
Rating	Skill Attribute	
1	Understands position within shipboard chain of command, command procedures and policies. (1.0)	
4	Understands and adheres to shipboard safety, firefighting and lifesaving procedures (includes PPE usage). (2.0)	
3	Complies with environmental regulations and procedures, and with appropriate regulations for handling and disposing of hazardous material. (3.0)	
	Complies with Command EEO policy. (4.0)	
2	Understands verbal directions and written instructions. (5.0)	
3	Expresses self clearly in verbal communications and fills out written reports as necessary. (6.0)	
3	Projects a positive, supportive, and professional image to customers. (7.0)	

CIVMAR Evaluation

823 - YEOMAN-STOREKEEPER (ALL)

General Skill Attributes

		Total 2.43
Rating	Skill Attribute	
3	Displays initiative in going about completing assigned tasks. (1.0)	
2	Uses sound judgment in exercise of assigned duties. (2.0)	
3	Demonstrates dedication to the profession and MSC. (3.0)	
3	Delivers acceptable quantity and quality of work at assigned tasks. (4.0)	
2	Loyalty to the shipboard chain of command and MSC, including notifying superiors of unsatisfactory conditions. (5.0)	
3	Conducts self afloat and ashore in a manner that brings credit upon the ship and MSC. (6.0)	
1	Works effectively with other crewmembers and promotes teamwork and harmony aboard ship. (7.0)	

CIVMAR Evaluation
823 - YEOMAN-STOREKEEPER (ALL)

Potential Skill Attributes

		Total 3.00
Rating	Skill Attribute	
2	Has acquired the document/license/certification required for promotion to a more responsible position. (1.0)	
4	Through words and deeds has shown an interest in promotion opportunities. (2.0)	
3	Has committed own time and/or resources to gaining the knowledge, skills, abilities, and experience required for promotion. (3.0)	
2	Has demonstrated proficiency in the technical and organizational skills required to successfully perform in a more responsible position. (4.0)	
4	Actively pursues training requirements/competencies required for position and/or promotion. (5.0)	

CIVMAR Evaluation

823 - YEOMAN-STOREKEEPER (ALL)

CIVMAR's Comments

I APPRECIATE THE SUPPLY OFFICER'S FAIR AND HONEST ASSESTMENT IN MY EVALUATION. UNFORTUNATE CIRCUMSTANCES ARRIVED WITH THE CONSTANT CONFLICT WITH THE JSO. THERE HAVE BEEN SIMULAR ACCOUNTS WITH OTHER CREW MEMBERS AND A REBUTTAL TO THE STATEMENT IMPLYING MY INABILITY TO GET ALONG WITH OTHERS. IF FACT IT APPEARS TO BE THE OTHER WAY AROUND. I TRULY ENJOYED THE WORK THAT I WAS TASKED WITH WHILE SERVING ON THE KANAWHA FOR THIS FOUR MONTHS AND I FEEL THAT I WOULD HAVE NO PROBLEM WORKING WITH THE SUPPO IN THE FUTURE, BUT CAN NOT SAY THE SAME FOR THE JSO.

THANK YOU

CIVMAR
Signature

HINES.THOMASINE
1020723820

Digitally signed by
HINES.THOMASINE.1020723820
DN: cn=US, o=U.S. Government, ou=DoD, ou=PKI,
ou=USN, cn=HINES.THOMASINE.1020723820
Date: 2013.09.14 04:11:32 Z

Rating Help

Adjective	Numeric	Meaning	Description
Exceptional	5	Flawless performance, no weaknesses and numerous widely recognized strengths.	Rare
Outstanding	4	No weaknesses, consistently performs noticeably above expectations.	Occasional
Excellent	3	Meets all expectations for the rating, a sound performer who upholds the standards of the profession.	Normal
Good	2	Generally acceptable performance, some weaknesses noted, occasional lapses of performance, but able to continue in current rating.	Occasional
Unsat	1	Performance that is notably lacking, requires unacceptable levels of supervision, plainly falls below expectations for the rating.	Rare

§ 16-1-22 of the Code of Virginia

BILL OF PARTICULARS

Commonwealth of Virginia Rule 7B:2

Case No.

6V13036168-00

2-11-14 at 11:30 a

TRIAL DATE AND TIME

Courtroom 3

NORFOLK

General District Court

CITY OR COUNTY

811 E CITY HALL AVE NORFOLK VA 23510

STREET ADDRESS OF COURT

Thomasine Hines

PLAINTIFF

v.

Beatriz Bando-Ocasio

DEFENDANT

TO THE PLAINTIFF:

You are required to file with the court, and serve by mailing, a written BILL OF PARTICULARS by

12-11-13

DATE

The defendant's written GROUNDS OF DEFENSE is due to be filed with the court and served by mailing by

1-03-14

DATE

You are further required to fully state, in the numbered paragraphs below, each of the reasons/grounds why you think the defendant owes you the money or property claimed. You may attach additional paper if needed.

1. Mrs Bando-Ocasio created a stressful and hostile working environs

2. Mrs Bando-Ocasio Has constantly defamed me since

3. I started working on the ship since May 2013

4. She fabricated about my work ethics several occasions

5. I believe this action was reprisal due to my complaints to higher authority about her husbands constant ha another crew members.

☒ See continuation sheet.

NOTICES: Failure to comply with this order may be grounds for awarding summary judgment in favor of the adverse party. Both parties must be prepared, at trial, to prove their case with admissible evidence. Upon trial, the judge may exclude evidence as to matters not described in this pleading.

12-10-13

DATE

Thomasine Hines

PRINT NAME

☒ PLAINTIFF☐ PLAINTIFF'S ATTORNEY

ADDRESS /TELEPHONE NUMBER OF SIGNATOR

PLAINTIFF'S CERTIFICATE

I certify that I delivered or mailed a completed copy of this BILL OF PARTICULARS to the clerk of this court and mailed to each attorney for the defendant, or to the defendant if not represented, this day of , 20.

SIGNATURE OF ☐ PLAINTIFF ☐ PLAINTIFF'S ATTORNEY

Copy to Atty. James Smith

Full Statement for Justification of Suit

1. Mrs. (JSO)Bande-Ocasio has created a stressful and hostile working environment which caused my blood pressure to soar. I had to seek counseling for a month and used up my sick leave of which I am seeking restoration.
2. Mrs.(JSO) Bande-Ocasio has constantly fabricated statements about my work ethics in order to defame me and tear down the very fabric that motivated me, since I arrived on the ship in May of 2013. This has caused irreparable damage to my good reputation and character. I was nominated for Ship Mate of the Year Award in 2010 due to my initiative to take charge and motivate other shipmates, which is noted as I volunteered in 2009 and 2010 as the Captain of "Crews into Shape".
3. I believe that Mrs. Bande-Ocasio felt highly intimidated by me, as I was constantly referred to by others as "the JSO". I also feel that she took reprisal for my expressing how uncomfortable I felt to witness the abuse (what was called "horseplay") between her Husband Mr. Ocasio and another YNSK Michael Burley.
4. Her constant fabrication and defamation of my character has affected my trust in my Supervisors, my motivation to work for Military Sealift Command without the fear of repercussions, and the possibility of the poor evaluation given, based on her slander would affect any chances of my next promotion to Junior Supply Officer (JSO).
5. I would prefer my good name be restored, my sick hours be restored, the Letter of Caution and evaluation based on Mrs. (JSO) Bande-Ocasio false accusations be banned from my records, and an apology for all the lies that she told, than monies for punitive damages. I feel that I have made my statement and that justice has been served due by unforeseen circumstances that we have no control over.
6. If, by any chance, that the above restorations are not feasible, I am seeking \$4,000.00 for each month that I have been Medically Unfit for Duty since I was repat by the MSO of the USNS Kanawha on September 13, 2013. This is that highest amount of earnings per month that I have earned on any given ship this year.

Thank You,

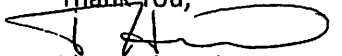

Thomasine Hines, YNSK

01111111
PM 2:51

Full Statement for Justification of Suit

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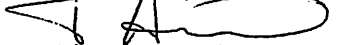

Thomasine Hines, YNSK

2013-09-11 PM 2:51

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Thank You,


Thomasine Hines, YNSK

2013 SEP 11
PM 2:51

LEAVE ELECTION or DUTY STATUS CIVMAR SUPPORT UNIT (CSU)
EAST AND WEST

I certify that I have been counseled on 9/23/13 regarding my option to elect leave or remain in a duty status based on my inability to fully perform the duties of my position. I acknowledge that I do not meet requirements for shipboard assignment as detailed below: (please initial)

 I am pending a receipt of a current MMC/Passport
 / I am pending medical determination of being fully fit for sea duty.

 / 1. I have elected to request the following leave:
(Please initial all that apply and specify on your attached leave request form (SF 71)).

 / Sick Leave
 Shore Leave
 Annual Leave
 Leave without Pay (Authorization of LWOP is at management's discretion. Your Marine Placement Specialist may approve up to 30 consecutive calendar days if supportable; more than 30 days requires Branch Head/Placement Director approval).

NOTE: All leave elections must be accompanied by a completed leave request form (SF 71) with all necessary documentation attached thereto. An election of leave herein is not a guarantee of its approval.

N/A 2. I elect to remain in a duty status. I further understand that MSC is under no obligation to furnish or pay for subsistence and quarters or to transport me to and from the worksite. I therefore acknowledge and understand (please initial):

N/A a. I must report for duty every day no later than 0700, Monday through Friday to the CSU. I understand I am required to sign in upon arrival and remain at the CSU unless I have permission to leave.

N/A b. If I am not able to report for duty on any given day, I must call my Marine Placement Specialist (MPS) or the CSU

Staff no later than 0900 and request the appropriate type of leave. Mere notification does not equate to approval. If I fail to report to CSU/work assignment or call as required, I may not be paid for that time due to Absent without Leave (AWOL) and may be subject to disciplinary action. I must make application for any scheduled leave to my MPS by submitting the required leave request form and any necessary supporting documentation. I understand per CMPI 630 that approval of annual leave is at the supervisor's discretion based on the needs of the service.

NIA c. In accordance with HUMAN RESOURCES ADVISORY 2011-19-FAILURE TO MAINTAIN A REGULAR WORK SCHEDULE, dated 13 Jul 11, if I fail to maintain a regular work schedule I may be subject to disciplinary action up to and including removal. I further understand my individual situation will be examined on a case by case basis and may be classified as unable to maintain a regular work schedule if I fall into a category outlined in paragraph 3 of the attached advisory. I understand I may be issued a Notice/Decision of Enforced Leave and subject to the provisions of the attached advisory.

NIA d. I will promptly arrange and attend all medical appointments (agency related and/or for a chronic medical condition) within the prescribed time frames. Failure to do so may result in disciplinary action.

Printed Name: Hines, Thomasine Signature: [Signature] Date: 9/23/13
 Date of Birth: _____ Counseled by: [Signature] Date: 9/23/13

Date/Time	Chronological Record of Medical Care
13 Sep 13	<i>Erroneous</i> Female <i>MALE</i> * S- 56 Y/O black male C/O N & V with Subj. F/C X 3 hours with a slight (3/10) H/A.
NKDA	* Denies any stomach cramps, diarrhea or back pain. Pt has PMH of HTN and prescribed
0 Meds	* Lisinopril and HCTZ but opted not to take medication because she felt it wasn't good for
T- 97.9	her. States her office is inducing and extreme amount of stress on her and she feels all
P- 68	* four fellow co-workers, including one female that checked aboard a month ago, "are out
R-12	to get her". She feels unappreciated and feels the management is fabricating untruths
BP-220/110	with the intent to get her fired. Pt felt the need to record her conversations. States she
	must stay involved in physical activities while awake, sometimes has difficulty
	concentrating, becomes irritable often with co-workers, sometimes has unsatisfying sleep.
	O- General appearance: well groomed, tired, sad, anxious, restless, appropriate responses
	to questions, speech appropriate.
	Head- Normal cephalic, Ear-TM's intact mobile, Eye-PEARLA. Nose-nares clear and
	patent, throat-0 drainage/edema/discoloration/pustules, neck-0 adenopathy, lungs clear
	bilat with good air exchange, heart-R/R/R
	A- Primary: Uncontrolled HTN Secondary: Poss General anxiety disorder
	P- 1. Contacted Dr. Leigh Wheeler at On-Call International and he advised 50 mg
	Atenolol and 20 mg Lisinopril X 1 dose and then 20 mg Lisinopril daily
	2. Counseled on the importance of medication compliance and the possible hazards to
	health for non-compliance
	3. Counseled to seek prompt medical attention for HTN
	4. Contacted Capt. Monestersky at MSC Medical and he granted permission for
	REPAT

D.T. Gilbert MSO
USNS Kanawha (T-AO 196)

13 Sep 13
1100

F/U Patient reveals BP 173/110 pt given 20 mg Lisinopril. Capt Monestersky notified and he advised against further intervention. Advised to continue 20 mg Lisinopril QD until pt sees her primary care provider.

D.T. Gilbert MSO
USNS Kanawha (T-AO 196)

Patient's Identification (Use this space for mechanical imprint)

I am a Female

*I complained about Stomach Cramp
I had taken several meds that day
and did not want to take the meds
that I had on my person on top
of what I had already taken from
the MSO, while under his care.*

*I made no mention of the "one
female" I only mentioned the
stress from the "SSO".*

initially came in due to affects of the fumes the day prior.

Records maintained at:		USNS Kanawha (T-AO 196)	
Patients Name (Last, First MI)		Sex	
Hines, Thomasine		Male	
Relationship to sponsor	Status	Rank/Grade	
N/A	N/A	CIVMAR/YN SK	
Sponsor's Name		Organization	
N/A		USNS Kanawha (T-AO 196)	
Department/Service	SSN/Identification No.	Date of Birth	
USN/MSO	XXX-XX-4700	05 Nov 56	

MILITARY SEALIFT COMMAND
 Medical Department (CODE: N02M)
 Bldg SP-64, 471 C Street, Norfolk, VA 23511-2419
 E-mail address to submit forms: MSFSC_Medical@navy.mil
 VOICE: 1-866-827-4955 FAX: 1-866-324-4955
 (757) 443-5760 (757) 443-5767

Hue's Thomasine
 Mariner Name / last 4 SSN

MEDICAL SUMMARY FORM

(ALTERNATIVELY, A WRITTEN REPORT THAT ADDRESSES BELOW ELEMENTS MAY BE ATTACHED)

Note to examining provider: Please take note that the Seafaring environment is arduous and exposes personnel to many hazards. It is essential that crew members be able to physically perform the duties of their position worldwide and remote from medical care. Per US Coast Guard Medical and Physical Evaluation Guidelines (NVIC 04-08), crew members must be physically fit to respond to and operate ship's emergency equipment including pulling a 1.5 inch uncharged fire hose 50 feet, lift a charged fire hose, be able to wear Self Contained Breathing Apparatus, and have the agility and strength to don flotation devices and exposure suits without assistance. Minimum physical standards also include the ability to lift and carry at least 40 pounds, the ability to crouch and crawl, climb vertical ladders, step over a door sill of 24 inches and fit through a restricted opening of 24x24 inches, and stand for up to 4 hours.

MEDICAL SPECIALTY RECOMMENDED:

MEDICAL PROBLEMS TO BE ADDRESSED:

Follow-up Anxiety

SIGNIFICANT HISTORY AND PHYSICAL FINDINGS: (If being evaluated for elevated Blood Pressure, please include BP readings indicating proper control.)

B/P reading:

client presented with somatic mood as she related being treated unfairly on her job; ~~feelings were not addressed~~; *[initials]*

SIGNIFICANT LAB RESULTS, X-RAY, EKG, ETC. May attach results.
 (For individuals with Diabetes Mellitus, we must have a current HbA1C result).

N/A

DIAGNOSIS/ DIAGNOSES:

309.9 adjustment disorder - unspecified

CONTINUE ON REVERSE OF FORM

Page 2: Patient's name/last name SSN: Thomasine Hines [REDACTED]

TREATMENT RECEIVED (List all medications, physical therapy, etc.)

weekly individual psychotherapy sessions

PROGNOSIS / LIMITATIONS / RECOMMENDATIONS FOR FOLLOW UP.

Excellent; no limitations; no follow-up recommended. Diagnosis at termination 171.04 - no diagnosis

SUITABLE INTERVALS FOR FOLLOW-UP AND FITNESS FOR MSC DUTY SHOULD NOT BE MORE FREQUENT THAN EVERY 5-6 MONTHS.

Recommended follow-up interval 1 yr

PLEASE CHECK ONE OF THE FOLLOWING REGARDING DUTY STATUS:

☒ Fit for sea duty. (Refer to work conditions on top of page one)☐ Not fit for sea duty. If made Not fit for sea duty: Fit to Travel? ☐ Yes ☐ No ☐ N/A
Needs Escort? ☐ Yes ☐ No ☐ N/A

AUTHORITY TO RELEASE PRIVILEGED MEDICAL INFORMATION: I hereby authorized release to the Medical Officer, Military Sealift Fleet Support Command, privileged medical correspondence and records in my case.

Mariner's signature

Date

Mariner's current phone number in case MSFSC Medical needs to contact you: _____

Joseph A. Ford, D.D., VCSW
Medical/Dental Provider's Name (Print or Stamp)Joseph A. Ford
Medical/Dental Providers SignatureLCSW / Psychotherapy
Please indicate your specialty and accreditation11/14/2013
Date signed by ProviderADDRESS: 2412 E. VIRGINIA BEACH
24th ST. D
NORFOLK, VA 23504

TELEPHONE [REDACTED]

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

Joseph A. Ford, D.ED., LCSW
Barbara Ford Shabazz, Psy.D.
(Resident in Psychology)



2412 E. Virginia Beach Blvd., Suite D
Norfolk, VA 23504-3628
fordconsulting.org

Phone: 757.622.7474 Fax: 757.622.8585

November 14, 2013

To Whom It May Concern:

I am writing on behalf of Thomasine Hines, a client of mine. The purpose of this letter is to document that Ms. Hines compensation or lack thereof, was a direct result of the working conditions she endured. Therefore, I am requesting through this document that any compensation missed be restored as soon as possible.

If you need any additional information, please write or call.

Sincerely,

A handwritten signature in black ink, appearing to be 'Joseph A. Ford', written over the printed name.

Joseph A. Ford, D.ED., LCSW
Psychotherapist



**The Law Offices
Of
Steve C. Taylor, P.C.
&
The Alliance Legal Group**
www.call54legal.com
(757) 54-LEGAL



**This Correspondence is
from our:**

NORFOLK OFFICE
735 NEWTOWN RD.
SUITE. 203
NORFOLK, VA 23502
PHONE (757) 455-9590
FACSIMILE (757) 455-9591

Our Main Office:

CHESAPEAKE OFFICE
133 MOUNT PLEASANT ROAD
CHESAPEAKE, VA 23322
PHONE (757) 482-5705
FACSIMILE (757) 546-9535

Other Offices:

PORTSMOUTH OFFICE
5660-D PORTSMOUTH BLVD.
PORTSMOUTH, VA 23701
PHONE (757) 465-9534
FACSIMILE (757) 465-3748

SUFFOLK OFFICE
302 N. MAIN STREET
SUFFOLK, VA 23434
PHONE (757) 539-4114
FACSIMILE (757) 923-3328

VIRGINIA BEACH OFFICE
522 S. INDEPENDENCE SUITE 102 D
VIRGINIA BEACH, VA 23456
PHONE (757) 473-9597
FACSIMILE (757) 473-3037

PENINSULA OFFICE
708A THIMBLE SHOALS
NEWPORT NEWS, VA 23606
PHONE (757) 320-1661
FACSIMILE (757) 595-5518

January 3, 2014

RECEIVED

2014 JAN -7 PM 12:20

NORFOLK GENERAL DISTRICT
COURT CIVIL DIVISION

VIA U.S. MAIL

Hon. Thomas Baldwin
Norfolk General District Court Clerk
811 East City Hall Avenue
Norfolk, Virginia 23510

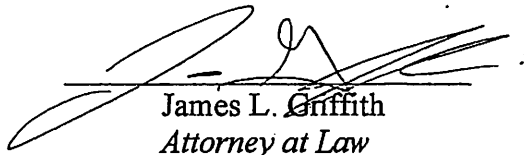
RE: *Hines v. Bande-Ocasio*
Case No.: GV13036168

Dear Mr. Baldwin,

Please find the enclosed Defendant's Demurrer and Grounds for Defense
for the above referenced matter.

Should you have any questions or concerns, please give my office a call
at (757) 455-9590. With warm regards, I remain:

Very truly yours,


James L. Griffith
Attorney at Law

W/Enclosures

CC: Thomisine Hines (w/enclosures)
Beatriz Bande-Ocasio (w/enclosures)

RECEIVED
VIRGINIA: IN THE GENERAL DISTRICT COURT FOR THE CITY OF NORFOLK

THOMASINE HINES,
Plaintiff,

2014 JAN -7 PM 12:20

NORFOLK GENERAL DISTRICT
COURT CIVIL DIVISION

v.

Case No.: GV13036168-00

BEATRIZ BANDE-OCASIO
Defendant.

DEMURRER

COMES NOW the Defendant, Beatriz Bande-Ocasio, by counsel, and demurrer to all Counts of the Bill of Particular upon the following grounds:

1. Plaintiff filed a Bill of Particulars with an attached Full Statement for Justification of Suit on December 10, 2013.
2. On a Demurrer, a Court may examine not only the substantive allegations of the Pleading attack, but also any accompanying Exhibit mentioned in the pleading. See Rule 1:4(i) of the Supreme Court of Virginia and *Flippo v. F & L Land Co.*, 241 Va. 15, 16-17, 400 S.E.2d 156, 156 (1991). A Demurrer does not admit the correctness of the Pleader's conclusions of law; and the Court, in ruling on a Demurrer, may properly consider the facts alleged as amplified by any writing.
3. Defendant is a Private Individual. See *Gertz v. Robert Welch, Inc.*, 418 U.S. 323, 245 (1974).
4. In any suit alleging Defamation of Character, the alleged defamatory statement must be false.
5. In a Defamation of Character suit against a Private Individual on a negligence theory, Plaintiff must prove by the preponderance of the evidence that the alleged defamatory statement was false. See *Gazette, Inc. v. Harris*, 299 Va. 1, 15

(1985). Further, "Without proof of falsity, there can be no recovery for defamation.", *Philadelphia Newspaper, Inc. v. Hepps*, 475 U.S. 767, 768-69 (1968).

6. In a Defamation of Character suit against a Private Individual on an actual malice theory, Plaintiff must prove by clear and convincing evidence that the alleged defamatory statement was false. See *New York Times, Co. v. Sullivan*, 376 U.S. 254 (1964).

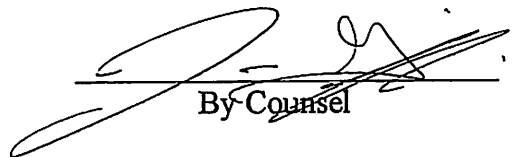
7. In neither the Bill of Particulars nor the attached Full Statement for Justification of Suit is there a mention of any statement that was defamatory, much less proof or argument as to a statement's falsity.

8. As a matter of law, the Bill of Particulars and the attached Full Statement for Justification of Suit fail to state a cause of action entitling Plaintiff to the relief demanded against Plaintiff based upon an alleged Defamation of Character.

WHEREFORE, Defendant, Beatriz Bande-Ocasio, prays that this action be dismissed, that judgment be entered on her behalf, and that she recover her costs and reasonable attorney's fees herein expended.

Respectfully Submitted

BEATRIZ BANDE-OCASIO

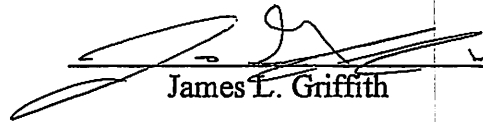


By Counsel

James L. Griffith, VSB# 83942
The Law Offices of Steve C. Taylor, P.C.
735 Newtown Road
Suite 203
Norfolk, Virginia 23502
757.455.9590 (Telephone)
757.455.9591 (Facsimile)
Counsel for Defendant

Certificate of Service

I certify that I caused a true and accurate copy of the foregoing Demurrer to be delivered by U.S. First Class Mail, postage pre-paid, to Thomasine Hines, P.O. Box 7660, Richmond, Virginia 23223 on this 3rd day of January, 2014.



James L. Griffith

RECEIVED
VIRGINIA: IN THE GENERAL DISTRICT COURT FOR THE CITY OF NORFOLK

THOMASINE HINES,
Plaintiff,

2014 JAN -7 PM 12:20

NORFOLK GENERAL DISTRICT
COURT CIVIL DIVISION

v.

Case No.: GV13036168-00

BEATRIZ BANDE-OCASIO
Defendant.

GROUND OF DEFENSE

COMES NOW the Defendant, Beatriz Bande-Ocasio, by counsel, and in response to Plaintiff's Bill of Particular, state as follows:

1. The allegations contained in the Bill of Particulars are difficult to determine where an allegation begins and ends in light of the pre-numbered paragraphs. Further, there is a Full Statement for Justification of Suit Defendant will respond to.
2. The allegations contained in what appears to be paragraphs 1 and 2 of the Bill of Particulars, which are believed to be one paragraph, are denied.
3. The allegations contained in paragraph 3 of the Bill of Particulars are denied. Defendant was Plaintiff's supervisor and when Plaintiff did not follow the instructions of Defendant, Defendant would go to her supervisor to report the instances of insubordination.
4. The allegations contained in paragraph 4 and 5 of the Bill of Particular, which are believed to be one paragraph, are the opinion of Plaintiff rather than allegations and therefore require no response; nonetheless, Defendant denies them.
5. Defendant has no knowledge of the allegations contained in paragraph 1 of the Full Statement for Justification of Suit and are therefore denied.

6. Defendant denies the allegations contained in paragraph 2 of the Full Statement for Justification of Suit insofar as Defendant's "fabricated statements about my work ethics in order to defame me and tear me down." As stated above, Defendant was Plaintiff's supervisor and when Plaintiff did not follow the instructions of Defendant, Defendant would go to her supervisor to report the instances of insubordination. Defendant has no knowledge of the allegations contained in the remainder of paragraph 2 of the Full Statement for Justification of Suit and are therefore denied.

7. The allegations contained in paragraph 3 of the Full Statement for Justification of Suit are the opinion of Plaintiff rather than allegations and therefore require no response; nonetheless, Defendant denies them.

8. Defendant denies the allegations contained in paragraph 4 of the Full Statement for Justification of Suit. Again, Defendant was Plaintiff's supervisor and when Plaintiff did not follow the instructions of Defendant, Defendant would go to her supervisor to report the instances of insubordination.

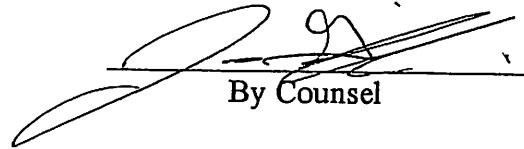
9. The allegations contained in paragraph 5 of the Full Statement for Justification of Suit is what Plaintiff seeks, part of which this Court has no control over, rather than allegations and therefore require no response; nonetheless, Defendant denies them. Further, the Rules of the Supreme Court of Virginia require a demand for Punitive Damages be made in a separate paragraph.

10. The allegations contained in paragraph 6 of the Full Statement for Justification of Suit is what Plaintiff seeks in the alternative to that of paragraph 5 rather than allegations and therefore require no response; nonetheless, Defendant denies them.

WHEREFORE, Defendant, Beatriz Bande-Ocasio, prays that this action be dismissed, that judgment be entered on her behalf, and that she recover her costs and reasonable attorney's fees herein expended.

Respectfully Submitted

BEATRIZ BANDE-OCASIO

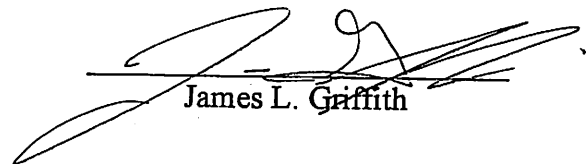


By Counsel

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757.455.9590 (Telephone)
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Counsel for Defendant

Certificate of Service

I certify that I caused a true and accurate copy of the foregoing Grounds of Defense to be delivered by U.S. First Class Mail, postage pre-paid, to Thomasine Hines, P.O. Box 7660, Richmond, Virginia 23223 on this 3rd day of January, 2014.



James L. Griffith

2-19-14



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&
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February 11, 2014

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NORFOLK GENERAL DISTRICT
COURT CIVIL DIVISION

VIA U.S. MAIL & FACSIMILE

Thomas E. Baldwin, Sr., Clerk
Norfolk General District Court
811 East City Hall Avenue
Room 267
Norfolk, VA 23510
(757) 664-4914

C to July 10, 2014

11 A-M

[Signature]

RE: *Hines v. Bande-Ocasio*
Case No.: GV13036168

Dear Mr. Baldwin

In the above referenced matter, the parties have jointly agreed to continue the matter to the next available date that both the parties and the Court have in common. The reason for this request is the imminent involvement of the U.S. Attorney's Office.

Due to Ms. Hines work schedule, she will be unavailable until July. Counsel for Defendant has July completely open for scheduling.

Very truly yours,

[Signature]
James L. Griffith, Esq.
Counsel for Defendant

[Signature]
Thomasine Hines
Pro Se Plaintiff

cc: Robert Charles Rutherford,
Assistant Counsel Military Sealift Command

Beatriz Bande-Ocasio